


DOCUMENT # P98080121113

BUCKHORNS CREEK DEVELOPMENT, INC.



**Aug 10, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>45120 DORMAN PLACE CALLAHAN FL 32011</b>		Mailing Address <b>45120 DORMAN PLACE CALLAHAN FL 32011</b>			
2. Principal Place of Business		3. Mailing Address		2nd MOORE      CR2E034 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3547113</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIZELL, JEAN H 45120 DORMAN PLACE CALLAHAN FL 32011</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	<b>FL</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY: September 6, 2006 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>MIZELL, JEAN H 45120 DORMAN PLACE CALLAHAN FL 32011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">                         U00000574042                          08/10/06-80004-013 550.00                     </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MIZELL, CLYDE J P.O. DRAWER 5011 CALLAHAN FL 32011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MIZELL, LARRY S 45543 HODGES ROAD CALLAHAN FL 32011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MIZELL, MICHAEL D 45298 HODGES ROAD CALLAHAN FL 32011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MIZELL, WALTER S 45200 DORMAN PLACE CALLAHAN FL 32011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <b>MIZELL, WALKER D 45120 DORMAN PLACE CALLAHAN FL 32011</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #